
HOUSE BILL No. 1071

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-48.

Synopsis: Anatomic pathology services. Specifies requirements for billing and claims related to anatomic pathology services.

Effective: July 1, 2011.

Frizzell

January 5, 2011, read first time and referred to Committee on Public Health.

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First Regular Session 117th General Assembly (2011)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2010 Regular Session of the General Assembly.

HOUSE BILL No. 1071

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 16-48 IS ADDED TO THE INDIANA CODE AS
2 A **NEW** ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1,
3 2011]:

4 **ARTICLE 48. OTHER HEALTH CARE PROVIDERS AND**
5 **SERVICES**

6 **Chapter 1. Anatomic Pathology Services**

7 **Sec. 1. As used in this chapter, "anatomic pathology service"**
8 **means any of the following performed by a physician or under the**
9 **supervision of a physician on a sample taken from a human body:**

10 (1) Histopathology or surgical pathology, meaning the gross
11 and microscopic examination and histologic processing of
12 organ tissue.

13 (2) Cytopathology, meaning the microscopic examination of
14 cells from the following:

- 15 (A) Fluids.
16 (B) Aspirates.
17 (C) Washings.

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(D) Brushings.

(E) Smears.

(3) Hematology, meaning the microscopic evaluation of bone marrow aspirates and biopsies, and peripheral blood smears when the attending or treating physician or technologist requests that a blood smear be reviewed by a pathologist.

(4) Subcellular pathology and molecular pathology, meaning the assessment of a specimen for detection, localization, measurement, or analysis of protein or nucleic acid targets.

(5) Blood banking services performed by pathologists.

Sec. 2. As used in this chapter, "referral laboratory" means a physician or clinical laboratory:

(1) to which a sample is sent by a referring laboratory; and

(2) by which an anatomic pathology service is performed;

for consultation or histologic processing.

Sec. 3. (a) As used in this chapter, "referring laboratory" means a clinical laboratory that sends a sample to a physician or another clinical laboratory for performance of an anatomic pathology service by the physician or other clinical laboratory for consultation or histologic processing.

(b) The term does not include a physician's office laboratory that does not perform the professional component of an anatomic pathology service.

Sec. 4. A health care provider or clinical laboratory that provides an anatomic pathology service for a patient in Indiana shall present a bill, claim, or other demand for payment for the service only to the following:

(1) The patient.

(2) The patient's insurer or other third party payer.

(3) The hospital, health clinic, or other health care provider that orders the service.

(4) A referring laboratory.

(5) A government agency or other agency or organization acting on behalf of the patient.

Sec. 5. Except for a health care provider at a referring laboratory that has been billed by a referral laboratory, a health care provider shall not solicit payment for an anatomic pathology service unless the service is rendered personally by the health care provider or under the health care provider's direct supervision in accordance with Section 353 of the federal Public Health Service Act (42 U.S.C. 263a).

Sec. 6. A person is not required to reimburse a health care

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1 provider or clinical laboratory for charges or claims submitted in
2 violation of this chapter.

3 **Sec. 7. This chapter does not do the following:**

4 (1) Require assignment of benefits for an anatomic pathology
5 service.

6 (2) Prohibit billing of a referring laboratory by a referral
7 laboratory.

8 **Sec. 8. If a health care provider violates this chapter, the state**
9 **entity that has jurisdiction over licensing or certification of the**
10 **health care provider may revoke, suspend, or refuse to renew the**
11 **license or certification of the health care provider.**

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